

# Utah State Hospital's Psychology Internship Program 1997-1998 Provo, Utah

## Psychological Services

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## Introduction

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Dear Applicant:

The mission of the psychology discipline is to deliver excellent inpatient psychiatric care to those who suffer severe and chronic mental illness. Furthermore, to provide high quality training to graduate students and predoctoral interns as they become integrated into the professional practice of psychology, thus providing high quality psychiatric care, including consultation, leadership, clinical supervision, and psychological services. There is an opportunity to work with a broad range of patients with complex problems and psychopathology. Interns are matched to experience both general clinical psychology as well as subspecialties. This type of internship site will prepare you with the foundation necessary to succeed as a professional in an ever changing world of mental health care. We look forward to hearing from you and receiving your application.

Sincerely,

Kenith L. Robins, Ph.D.

Director of Psychological Services

Dear Applicant:

As the Internship Training Director for Psychological Services at the Utah State Hospital, I invite you to take advantage of the fine training opportunities here. The hospital has several areas of interest in which to work, including: Children's, Youth, Adult Services, Geriatrics, and Forensics. Depending on where your interests are, an effort would be made to match your desired experience here in one or several of these areas to give you a well-rounded exposure to diverse clientele. You will be supervised by licensed psychologists with assorted specialties as listed in this publication. The Utah State Hospital setting should provide you with rewarding experiences and learning in working with the mentally ill, which will give you a solid background and enhance your future work in the field of psychology.

Yours truly,

Melvin W. Sawyer, Ph.D.

Internship Training Director

## The Utah State Hospital

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### Location

Located in Provo, Utah, USH is situated 4,560 feet above sea level at the foot of the beautifully rugged Wasatch Range of the Rocky Mountains. Provo lies at the base of 11,750-foot Mount Timpanogos and is bounded on the west by twenty-three-mile-long Utah Lake and the Great Salt Lake Desert. The USH campus is the focal point of Provo, a city of 93,000 and Utah County, with 303,000 residents. Provo, Utah was ranked by Money Magazine in 1991 as the best place to live in the U.S. This rating was based on a consideration of health facilities, crime rate, the local economy, housing, education, transportation, weather, leisure, and the arts in the Provo area. Provo has continued to place in the Money Magazine top 30 most liveable cities in the U.S.

Surrounding Provo to the north, south and east are spectacular scenic

areas, including five national parks. Forty-five miles to the north is Salt Lake City, with a metropolitan area of about one million residents. Despite the urban and suburban quality of Salt Lake and Utah Counties, the mountains immediately adjoining both counties include four wilderness areas. Outdoor recreation, including snow and water skiing, golf, wind surfing, backpacking, fishing, hunting, mountain biking, and mountain climbing are available within a 15 to 30 minute drive from USH. Many other recreational and cultural activities can be found in the USH community, in Provo, Utah County, and in the Salt Lake City area. These include theater, symphony, ballet, opera and professional sports.

### **The Historical Hospital**

The Utah State Hospital has a long and stable history of providing treatment to the chronically mentally ill. It began as the Territorial Insane Asylum in 1885 at Provo, Utah (which at the time was a days' travel from Salt Lake City). The particular site in Provo was some eight blocks from the nearest residence and was separated from the city by swampland and the city dump. The message this reveals about the prevailing attitudes regarding mental illness is unmistakable.

The intervening years, however, have brought many changes: the swamp has been drained, the dump converted into a municipal park, and the city has expanded to the point that there is no longer a stark demarcation of where the "Asylum" begins.

The original the purpose of the Hospital was to treat the mentally ill and to return them to a normal level of functioning. In spite of their best efforts, however, in its early days the facility was little more than a human warehouse. In fact, by 1955 the population at the hospital was over 1,500 patients.

Over the years, tremendous advances in psychiatric medicine have changed the role of the hospital to one of very active (and successful) treatment and rehabilitation. Today, it is thriving teaching facility, and is the only hospital in the state of Utah that provides long-term treatment and care for the chronically mentally ill.

### **The Modern Hospital**

Today the Utah State Hospital (USH) is a 24-hour inpatient psychiatric facility located on East Center Street in Provo, Utah. The hospital serves people who experience severe and persistent mental illness. The hospital provides active psychiatric treatment services for 343 patients. The USH serves all age groups and covers all geographic area of the state. The USH works with 11 mental health centers as part of their continuum of care. All adult and pediatric beds are allocated to the mental health centers based on population. There are 20 buildings with approximately 370,000 square feet of space. The hospital campus covers over 300 acres of property.

Utah State Hospital has received accreditation from the Joint Commission on Accreditation of Healthcare Organizations. This accreditation means that Utah State Hospital has achieved national standards in the delivery of mental health care services. This voluntary evaluation is conducted every three years and represents a commitment from the staff of Utah State Hospital to the citizens of Utah, that quality health care for the mentally ill of Utah is provided here.

## **Map of the Hospital Campus**

# **The Psychology Internship Program**

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## **Training Philosophy**

The Utah State Hospital Psychological Services is committed to providing high quality graduate training in psychology which includes in-depth training in applied skill and exposure to a variety of clinical and professional issues. The program provides interns with experiences which will make the transition from “student” to “professional” as smooth and orderly as possible. Interns receive a wide range of experiences designed to help them develop as independent professional psychologists. They have ample opportunity for mutual evaluation with the professional staff members. The internship is a training experience (not simply employment) where interns receive practical service oriented experiences which add substantially to their academic training.

The goal of the Psychology Internship Training Program is to prepare interns for competent entry into the increasingly complex roles of Clinical, Counseling, and Health Psychologists. The training of new psychologists is regarded as a serious responsibility by our staff with subsequent investment of time and energy in all facets of the Training Program. The didactic and clinical experiences of this program are designed to facilitate the professional attitudes, competencies, and personal resources essential to the provision of high quality patient care in contemporary psychological services. As mentors, the staff seek to demonstrate and encourage intern participation in the profession roles. Professional growth and development of interns is enhanced by consistent supervision, varied clinical responsibilities with diverse patient populations, and continued didactic training. At a minimum, interns are expected to achieve competencies in assessment/diagnostics, a variety of therapy modalities, clinical consultation, and effective treatment teamwork, as well as demonstrate a clear understanding of the ethical and professional responsibilities of the professional psychologist.

## **Training Model and Goals**

The Utah State Hospital’s Psychology Internship Program accepts interns trained at both Scientist-Practitioner (Ph.D.) model universities and the Professional (Psy.D.) model universities in both clinical and counseling psychology. The emphasis of the USH internship program has as its overall goal the training of generalists in clinical, counseling and health psychology. A wide variety of experiences are provided for the interns. Training is available in the following areas: inpatient individual therapy, group therapy, family therapy, consultation/liaison, alcohol and drug treatment, medical/health psychology, testing and evaluation, neuro-rehabilitation, biofeedback, neuropsychological assessment, geriatric assessment and treatment, forensic evaluation, adolescent assessment and treatment, and child adolescent and treatment. Research is also strongly encouraged.

In-depth supervision by licensed professional psychologists, who are full-time staff members, is an integral part of the training program. Two-to-five hours of regularly scheduled supervision from a licensed professional psychologist is required and additional group supervision is provided. Supervision on an “as

needed basis" is always available. Informal supervision can also be interdisciplinary in nature, in that interns are considered to be formal members of treatment teams. As a result, interns have the opportunity to learn from professionals within a variety of disciplines including: psychiatry, psychiatric nurses, social workers, occupational therapists, and recreational therapists.

The primary emphasis of the program is to help the intern acquire proficiency in the broad arena of professional practice, and to provide services at a high skill level. This program attempts to teach treatment skills through a "hands on" approach, role modeling and didactic training, which are all linked to a conceptual framework and the research literature.

The desired outcomes of the psychology internship program are stated in terms of what the intern will be able to do during or upon completion of the internship year.

- 1) Treat a broad range of patients with various problems and pathology.
- 2) Work effectively in a professional treatment team approach which includes intake interviewing, psychological assessment and diagnosis, treatment planning, consultation, presenting cases to peers and professionals, and seeking appropriate consultation.
- 3) Provide effective individual, couples, and group counseling/psychotherapy using accepted theoretical approaches and appropriate case management techniques.
- 4) Select, administer, score, interpret, and report psychological assessments in order to accurately diagnose and respond to referral questions.
- 5) Make effective use of supervision from a number of psychologists and other professional that teaches, challenges, and supports the intern.
- 6) Assess own strengths, skills, interests, and needed growth areas and make effective use of supervisor's evaluations so as to be able to identify and pursue relevant professional development activities.
- 7) Adheres to professional and ethical standards in providing services of a psychologist.
- 8) Treat patients in the age range from children through older adults. A few child cases are recommended, even for those interns interested only in treating adults.
- 9) Treatment of patients who are of various racial and ethnic backgrounds, differing social and economic status, age differences, sexual orientations, and physical handicaps.
- 10) Exercise substantial responsibility for the delivery of professional services on the units where interns work, within the context of strong supervisory structure. Training is tailored to the individual intern's training needs. The intern's primary role is that of trainee.

### **The Program Structure**

The internship year is divided into four 3-month rotations which constitute the basic format of the internship experience. Interns will typically start on a rotation which is reflective of their specialty area. On the basis of meeting with supervisors during the first week of the internship, when baseline skill and

objectives are assessed and discussed, subsequent assignments are made to specific units or programs. The intern will have an opportunity to select from all of the various rotations which have been established. Availability of rotations can vary, but will be determined to provide ample time to select an alternative. A goal of the rotating through the hospital is to provide a breath of experience so that the intern develops the skills and general knowledge base to be effective in the diagnosis and treatment of various forms of pathology. Rotation selection will be guided by the intern's prior clinical experience and training. Selected rotations will include exposure to psychiatric patients with a broad range of psychopathology/emotional difficulties.

Within each rotation, the intern functions under the supervision of a licensed psychologist, who is a full-time staff member, and receives two to five hours of individual supervision per week. The intern will join a multi-disciplinary treatment team composed of staff from psychology, psychiatry, nursing, social work, and recreational therapy. All work closely together on diagnostic questions and treatment planning, while continually evaluating the needs of each patient. The intern will function as the primary therapist for two patients, having responsibility for the patient's admission work-up and for formulating the diagnosis and treatment plan. The intern will also function as a psychological consultant to the unit, using psychological testing to respond to referral questions and providing in-service education on psychological testing or other topics as need by the unit staff. Frequent testing questions include intellectual function, differential diagnosis, personality dynamics/conflicts, and neuropsychological screenings.

### **Hospital Programs and Units Available for Rotation**

Adult Services is comprised of four adult treatment units, respectively northwest, northeast, southeast, and southwest according to their location in the Lucy Beth Rampton Building. Each unit provides care for a total of 30 men and women and utilize several areas designed for patient comfort and interests. These areas include a large outdoor courtyard, a cooking area, craft room, and day rooms complete with televisions, and stereos. The Lucy Beth Rampton Building was opened in 1994 and was designed to provide a bright and open atmosphere.

Adult Services work toward their goal of providing a safe and healing environment in which all people are treated with dignity and respect. It is their purpose to assist patients to reach their potential, individualized treatment with an aim toward their return to the community. A high value is placed on meeting the needs of each patient in a humanistic, caring, and professional way.

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The Life Habilitation Unit (LHU) is a 37 bed, for men and women, adult psychiatric unit. The focus of the unit is to clinically stabilize the patient and teach the necessary life skills to maintain a quality of life free from psychiatric hospitalization. We believe people will live up or down to expectations put on them. This simple philosophy is reflected in the patient's treatment plan, the unit's programming, and discharge planning. Patients are given clear expectations upon admission. When patients meet these expectations, they are given a pass

that allows them to come and go from the unit on their own. The hope is that as responsibility for the patients' well being is restored back to the patient, they will set positive expectations for themselves.

The Geriatric Unit serves 60 patients and is located on the 2nd floor of the Hyde Building. This unit is also known as the "Hope Unit" since it is the goal of program to offer hope to patients 60 and older who require special understanding, care, and attention. While the unit's goal is the same as that for all patients, returning to the community, the treatment approach is highly individualized in recognition of the fact that the aged are not all alike. Patients with organic disorders are encouraged to do as much as possible for themselves, including taking care of their personal needs and being active. The ward environment assists in accomplishing these goals by stimulating mental and physical activity. Patients relatively free of neurological complications are extensively involved in group, family and individual therapy. There is a special emphasis on providing a large variety of small groups that encourage exercise and social skill development.

The Forensic Unit is a maximum security unit and serves 54 male patients. Forensics is located on the third floor of Hyde Building and the majority of these patients are ordered to the Hospital by the District Court under the Utah State Criminal Code. Patients are evaluated while at the Hospital to determine competency and are referred back to the court for sentencing. The court may set a trial date or refer the patient to the Utah State Prison or back to the Hospital for further evaluation and /or treatment.)

Treatment includes a combination of medication; individual, group, and family therapy; work opportunities; physical therapy; and occupational therapy. Patient government is an important part of the treatment on the Forensic Unit. It encourages patients become involved with those around them and provides them a real opportunity to positively influence others. Patient input is encouraged at all levels of treatment which teaches individual responsibility and accountability. It is the goal of the Forensic Unit to help prepare each patient to reenter society as a productive, contributing member.

The Children's Unit serves 22 boys and girls ages 6 to 13 years. These children have experienced mental, emotional, and behavioral problems such as post traumatic stress disorder, pervasive development disorder, bipolar disorder, attention deficit disorder, psychosis and major depression.

The Adolescent Unit serves 50 youth ages 13 to 18 years. Often admittance to this program is considered a "new beginning" for the teenager.

On both the Children's and Adolescent Units the individualized treatment approach is used to meet the needs of the child and utilizes a broad spectrum of therapeutic modalities. Therapies include individual, group, family, play, and therapeutic milieu. Specialized services to deal with abuse, anger management, emotion management, and recreational therapy are used. Participation in a wide variety of activities such as skiing, camping, river running, etc. helps to gain experience in needed social skills, self esteem, and impulse control.

Family involvement is important in the development and progress of the child's treatment program. The Hospital involves families by conducting the

Pediatric Services Family Program which includes family therapy, family support and advocacy. Home visitation is an integral part of the treatment process and regular family visits are encouraged.

## **Clientele**

The Utah State Hospital serves a diverse group of patients including children, adolescents, adults, and seniors from a variety of ethnic groups. The clientele served by the hospital are typically suffering from severe or chronic mental health conditions. There are programs for voluntary, involuntary and forensic patients.

## **Theoretical Orientation of Training**

The theoretical orientation of this training program is eclectic and practical, and follows the Scientist-Practitioner model. By this we mean that we are committed to the belief that training as a clinical/counseling/health psychologists involves being firmly embedded in psychology itself with its body of knowledge and methods; exposure to the theories, knowledge, and ethical principles which form the basis and context of clinical practice, and finally training in the methods of research and scholarship that advances the field of psychology. We evaluate interns toward the goal that they will be able to deliver competently valid, effective therapies based on empirical data.

## **Evaluations**

Evaluations of the interns are done continually on an informal basis and formally by way of written check lists and a narrative report from their supervisors. The second training meeting of every month is dedicated to staff's evaluation of the intern's monthly progress. Evaluations are based on the individualized plan of training worked out by the intern and supervisor. Written check-lists evaluating progress are completed at 3, 6, and 12 months.

Interns also evaluate their supervisors. Interns are expected to keep a log of all their activities, their cases and their supervision time, so their activities can be reviewed by supervisors and the director of the program, or the training committee. Evaluation reports are sent to the intern's university director of training at 3 months and after the completion of each rotation.

## **Supervision**

Each intern receives two to five hours per week of scheduled supervision. In addition, group/peer supervision structured around case conferences is held on a bi-weekly basis. Supervision is structure, regular and consistent. On site supervision is provided by the staff psychologists assigned to each rotation. The interns meet one hour every other week with the internship training director to discuss training issues or cases. Consultation is provided by psychiatrists on medication and medical issues.

## **Formal Training Experiences And Seminars**

As a supplement to individual supervision, interns attend a series of conferences and seminars intended to broaden the range of their clinical experiences and the theoretical diversity to which they are exposed. The conference schedule includes the following offerings:

- 1) Grand Rounds

- 2) Adult Psychopathology
  - 3) Child Psychopathology and Psychotherapy
  - 4) Group Psychotherapy
  - 5) Assessments
  - 6) Professional/Legal/Ethical Issues
  - 7) Minority/Specialty Topics
  - 8) Psychopharmacology
  - 9) Health/Medical Psychology
  - 10) Neuropsychology
  - 11) Neuro-imaging
  - 12) Biofeedback
  - 13) Computerized Assessments
  - 14) Hypnosis
  - 15) Gerontology
  - 16) Teleconferences- WAIS-III/  
WSM-III
  - 17) Psychological Outcome of ECT
  - 18) Case Conferences
  - 19) Psychiatric Grand Rounds-  
University of Utah Medical  
School
  - 20) Forensic Competency Evaluations
- Presenters at seminars are typically USH psychology and psychiatry staff, renowned psychologists in the community, or local university professors. The seminars are designed to introduce interns to alternative orientations and approaches to clinical, counseling, and health psychology.

## **Research**

Some interns are interested in conducting research during the course of the internship year. Although the primary focus of our training program is the development of applied skills, it is possible for interns to become involved in intern-initiated research projects.

The Director of Psychological Services is ultimately responsible for all research conducted at the USH by psychology interns. Intern research projects require approval from the Psychology Research Committee and the primary-supervisor. If the research involves the use of human subjects, the proposal will be forwarded to the Institutional Review Board for further approval.

Interns who wish to do research will discuss their research ideas with potential supervisors and must be prepared to present their proposals to the Psychology Research Committee during the first two months of the internship. Although the review process can be time-consuming, it must be completed

before data can be collected.

If a research project is to serve as the doctoral dissertation, we request that the proposal be reviewed by the Psychology Research Committee before it is reviewed by doctoral committee at the sponsoring university. This policy helps prevent the awkward situation of an intern having his/her proposal approved by the university only to find that committee or the Institutional Review Board will not accept it.

### **Statement of Diversity**

The Psychology Services of the Utah State Hospital recognizes and support the strength of diversity within its staff. We provide equal opportunities in training for all qualified persons and do not discriminate on the basis of race, color, religion, sex, national origin, or age.

## **Psychology Faculty**

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The Utah State Hospital has a large interdisciplinary staff. Physicians, psychiatrists, social workers, psychologists, nurses, recreational therapists, vocational therapists, and occupational therapists, and mental health workers all work together closely. Psychologists are valued members of the treatment units. There is a positive interdisciplinary, collegial relationship among members of the various discipline. Our focus is on providing care to patients rather than professional competition.

Psychology faculty involve with the Psychology Internship Program are:

### **Full-Time Staff Psychologists**

#### **Kenith L. Robins, Ph.D.**

Brigham Young University (1985)

Director of Psychological Services

Interest Areas: Dissociative Disorders, Substance Abuse Treatment, Organizational Development, Group Psychotherapy, Treatment of Borderline Personality Disorder, and Personality Testing.

Orientation: Cognitive

#### **Jerry Berge, Ph.D.**

Brigham Young University (1981)

Forensics/LHU Units

Interest Areas: Forensics evaluations, competency, malingering

Orientation: Cognitive

#### **Mel Sawyer, Ph.D.**

Brigham Young University (1975)

Internship Training Director

Adult/Geriatric Services

Interest Areas: Assessment, Inpatient Treatment, Rehabilitation Psychology, Assertiveness Training, Group Therapy, Geriatric Assessment for Organicity and Treatment

Orientation: Cognitive/Humanistic

#### **Dean Barley, Ph.D.**

Brigham Young University (1993)

Adult/Geriatric Services

Interest Areas: Assessment of Spanish Speakers, Inpatient Treatment, Health Psychology, Chronic Pain, Biofeedback

Orientation: Cognitive/Humanistic

#### **Patrick Panos, Ph.D.**

Brigham Young University (1993)

Children's/Adolescent Units

Interest Areas: Family Therapy, Neuropsychology, Neuroimaging, Neuro-Rehabilitation, Psychophysiology, Child Therapy, Biofeedback

Orientation: Cognitive/Structured Family Therapy/Process-Specific Cognitive Rehabilitation

### **Consulting Psychologists**

**Richard Weaver, Ph.D.**

Salt Lake Veterans Hospital

Interest Areas: Computerized Assessment and Teaching

Orientation: Cognitive

**Erin Bigler, Ph.D.**

Professor, Brigham Young University

Interest Areas: Neuropsychology, Neuro-imaging, Neuropsychological Research

Orientation: Psychophysiology

**Vince Filoteo, Ph.D.**

Professor, University of Utah Medical Center

Interest Areas: Neuropsychology, Neuropsychological Research, Cognitive Rehabilitation

Orientation: Psychophysiology/Cognitive

**Steven Golding, Ph.D.**

Professor- University of Utah

Interest Areas: Forensic Evaluations, Malingering, Competency, Training of Forensic Psychologists

Orientation: Cognitive/Eclectic

**Gary M. Burlingame, Ph.D.**

Professor- Brigham Young University

Interest Areas: Group Therapy, Outcome Measures

Orientation: Humanistic

**Stevan Lars Nielsen, Ph.D.**

Professor- Brigham Young University

Interest Areas: Projective Testing, Personality Assessment, Rorschach

Orientation: Humanistic

# Application Procedures

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## Submission Materials

Following the initial letter of inquiry, the following materials should be submitted to complete the application:

- 1) A vita of relevant work and education experiences. (Please include a description of clinical experiences and testing abilities.)
- 2) Official graduate transcript(s).
- 3) Completed application form.
- 4) A personal statement of your goals and your expectations from the internship, including areas of interest (e.g., whether you wish to focus primarily on adult, forensic, or geriatric work), specific areas in which you think you need further development, and descriptions of clinical strengths.
- 5) Three letters of reference from people who are familiar with your clinical work.
- 6) A letter from the Department of Psychology where you are studying, certifying the applicant is in good standing with the university and will have completed all the requirements (including all course work and 500+ practicum hours) for the doctoral degree, except the internship and dissertation, by the beginning of the internship year. This letter should be in addition to the three letters requested above.

Application must be received by December 1 to be considered.

All application materials should be addressed to:

Kenith L. Robins, Ph.D.

Director of Psychology

Utah State Hospital

P.O. Box 270

Provo, Utah 84094-0270

Phone: (801) 344-4274

E-Mail: HSSTHOSP.KRobins@state.ut.us

The starting date of the internship is Monday, June 28, 1999.

Occasionally we receive applications from students who will accept an internship offer from us only if their partner also receives an offer from us or from another agency in Utah or Salt Lake Counties. Each application is considered separately. we assist students in this situation as much as possible. Feel free to ask questions of your liaison or other members of the staff.

## Recruitment Procedure

At the time applications materials are mailed to you, your name will be assigned to one of the members of the Training Committee who will serve as your "liaison" during the application process. The liaison will be your contact person during the period prior to the application closing date, should you wish to talk directly with some here to obtain general information about the training program.

Applications completed and received by the closing date (December 1) will be reviewed and rated by three different members of the Selection Committee,

with this stage being completed no later than three weeks after the closing date. File ratings will be used to determine which applicants will receive further consideration based on qualifications and “fit” with the program. All applicants will be notified as early as possible after the file review concerning their status.

Each applicant who remains under active consideration will be interviewed by three members of the Training Committee. The Training Committee is composed of psychology staff and intern representatives. One of these will be the liaison person initially assigned to the applicant. During this stage, this person will assist the applicant in coordinating interviews.

Interviews may be arranged and scheduled to be conducted either in person or by telephone. If you are from outside Utah, we do not expect you to travel here for an interview. Not having an in-person interview should not be seen as a disadvantage.

Prior to Uniform Notification Day, the Training Committee meets and determines the order in which offers will be made, based on file and interview ratings. The entire list of interviewed applicants is reviewed to ensure that all applicants have received fair and equal consideration.

# **Internship Offers and Acceptances**

## **APPIC Policy**

**Revised June, 1996**

**“Selection day” currently begins at 9:00 a.m. Central Standard Time on the second Monday in February and ends at 1:00 p.m. that same day. This definition is subject to change.**

1. These policies must be made known to all students applying to APPIC member internship programs and to all others affected by these policies.
  - a. APPIC member programs must include a copy of these policies in internship materials sent to applicants.
  - b. Directors of APPIC internship programs must ensure that all people involved in recruiting or selecting interns are familiar with the policies, the need to communicate policies to applicants, and the importance of adhering to the policies.
  - c. Directors of academic training programs (universities and professional schools) whose students intend to apply to APPIC member internship programs are requested to ensure that these policies are understood and adhered to by their students.
2. Internship program directors must make every effort to inform, prior to selection day, those applicants who are no longer under consideration.
  - a. Students who remain under consideration may be notified that they remain under consideration after others have been excluded.
  - b. No other information (such as agency’s ranking of the applicant, status as alternate/first choice, etc.) may be communicated to applicants prior to selection day.
3. No internship offers in any form may be extended by agencies before the beginning of selection day.
  - a. The only information that agencies may communicate to applicants prior to this time is whether or not the applicant remains under consideration for admission (see item 2). The spirit of this item precludes any communication of an applicant’s status prior to the time above, however “veiled” or indirect such communication might be.
  - b. “Alternates” may be fully informed of their status any time after the start of selection day. Applicants may not be told whether they are considered alternates or first choices prior to that time.
  - c. Internship programs may not solicit information regarding an applicant’s ranking of programs or his/her intention to accept or decline an offer of admission until after that offer is officially tendered.
4. Applicants must reply to all offers no later than the closing time on selection day.
  - a. This deadline applies to all offers including those to applicants who are initially considered “alternates” and are subsequently extended

- an offer any time prior to the end of selection day.
  - b. Agencies may inquire as to the applicant's progress towards making a decision at any time after an offer is formally extended. Under no circumstances, however, may an agency implicitly or explicitly threaten to actually rescind an offer if a decision is not made prior to the end of selection day (except as noted in item 6).
  - c. It is in everyone's best interest that applicants make and communicate decisions to accept or reject each offer as quickly as possible.
  - d. Any offer that has not been accepted is void as of the ending hour of selection day.
- 5. An applicant must respond immediately to each offer tendered in one of three ways. The offer may be accepted, rejected, or "held".
  - a. *Accepting* the offer constitutes a binding agreement between applicant and internship program;
  - b. *Rejecting* the offer terminates all obligations on either side and frees the internship program to offer the position to another applicant;
  - c. *Holding* the offer means that the offer remains valid until the applicant notifies the program of rejection or acceptance, or until the end of selection day.
- 6. Applicant may "HOLD" no more than one active offer at a time.
  - a. If an applicant is holding an offer from one program and receives an offer from a more- preferred program, s/he may accept or "hold" the second offer provided the less- preferred program is notified *immediately* that the applicant is reject the previously held offer.
  - b. If a program confirms that an applicant is holding more than one offer, the program is free to withdraw their previously tendered offer of acceptance, and to offer that position to another applicant *after* the offending applicant is notified of that decision.
- 7. An offer of acceptance to an applicant is valid only if the applicant has not already accepted an offer of admission to another program.
  - a. An applicant's verbal acceptance of an offer constitutes a binding agreement between the applicant and the program that may not be reversed unilaterally by either party.
  - b. Before programs extend an offer, they must first explicitly inquire whether the applicant has already accepted an offer elsewhere. If so, no offer may be tendered.
  - c. A program may in no way suggest that an applicant renege on previously accepted offers.
  - d. If an applicant who has accepted an offer receives a second offer, s/he is obligated to refuse the second offer and inform the agency that s/he is already committed elsewhere.
  - e. Any offer accepted subsequent to a prior commitment is automatically null and void, even if the offering agency is unaware of the prior acceptance and commitment.

8. When an applicant accepts an offer of admission, s/he is urged to immediately inform all other internship programs which s/he is still under consideration that s/he is no longer available.
9. Applicants who have not accepted a position prior to the end of selection day may receive offers of admission after that deadline.
  - a. Applicants should be prepared to accept or reject such late offers quickly, since most other deliberations should have already taken place.
  - b. Programs may legitimately place short but reasonable deadlines for responses to such late offers.
10. Once a program has filled all available positions, all candidates remaining in their applicant pool must be notified that they are no longer under consideration.
  - a. Applicants who have not notified the agency that they have accepted a position elsewhere and who have not been selected by the agency should be notified by phone as soon as all positions are filled.
  - b. If an applicant cannot be reached by phone, s/he should be so notified by letter postmarked no later than 72 hours after the end of selection day.
11. Internship training directors should document their verbal agreement with each applicant in a letter postmarked no later than 72 hours following the end of selection day.
  - a. The letter should be addressed to the applicant and should include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the date on which the internship begins.
  - b. A copy of that letter should be sent simultaneously to the applicant's academic program director.
12. Applicants who receive offers which do not comply with these policies or who in ways detect violations of these policies by an APPIC member program are urged to request compliance with APPIC policies from the program representative.
  - a. Applicants should immediately report any problems unresolved after such request to his/her academic program director.
  - b. Academic program directors are urged to contact internship training directors immediately regarding such unresolved problems.
  - c. Such compliance problems should be resolved through consultation among applicant, internship program, and academic training director whenever possible.
  - d. Problems not amenable to resolution through consultation should be reported as soon as possible to the APPIC Standards and Review Committee at the address listed at the end of this document.
13. Internship directors who become aware of violations of policies on the part of students, academic training directors, or other internship directors are urged to immediately request compliance to the policies.

- a. Internship directors are urged to contact academic training program directors immediately regarding problems that remain unresolved after such a request for compliance.
  - b. Internship program directors who become aware of violations of these policies by other internship programs should urge the applicant and academic training directors involved to follow the procedures outlined in 12 a-d above, and/or to directly contact the other internship director.
  - c. Such compliance problems should be resolved through consultation among applicant, internship programs, and academic training director whenever possible.
  - d. Failure to resolve compliance problems through consultation should be reported to the APPIC Standards and Review Committee.
14. All reported violations of these policies will be considered by the APPIC Standards and Review Committee (ASARC). ASARC policies are described in the APPIC Directory. Violations of these policies should be reported to:

**Chair, APPIC Standards and Review Committee  
733 Fifteenth Street, N.W.  
Suite 719  
Washington, DC 20005-2112  
(202) 347-0022**

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